CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM	CO	R-C	/OH
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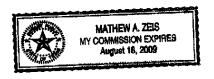
1	ACCOUNT#	Z Total pages filed: 2
3	CANDIDATE / OFFICEHOLDER NAME	NICKNAME RONALD FIRST RONALD C. OFFICE USE ONLY Date Received
4	ORIGINAL REPORT TYPE	January 15 Runoff Other (specify) July 15 Exceeded \$500 limit 30th day before election 15th day after treasurer appointment (officenoider only) Receipt Amount CO Receipt Amount CO
5	ORIGINAL PERIOD COVERED	Month Day Year Month Day Year Hagal CITY 3 Totals O1 / O1 / 2005 THROUGH O6 / 30 / 2005 Date Imaged 7 1
6	EXPLANATION OF CORRECTION	A clerical error was made in our fundraising and compliance database. Our database requires a selection to be made from a drop-down list in order to distinguish between PACs and individual contributors. The

individual, the Houston PAC contact, rather than from the actual Houston PAC.

Houston PAC records was inadvertently coded as an individual contributor. Therefore, an in-kind contribution for \$7,000 for a mailer from the Houston PAC was reported as an in-kind contribution from an

This correction lists the Houston PAC as the contributor of the \$7,000 in-kind contribution for a mailer. The reporting requirements were substantially met on the original report filed - the error was originally filed in good faith. This correction was filed within fourteen business days of the discovery of the error.

7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Signature of Candidate or Officeholde

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Ronald C. Green this the 20 day of october

to certify which, witness my hand and seat of office.

Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

OTHE	TICAL CONTRIBUTIONS ER THAN PLEDGES OR LOA	ANS		SCHEDULE A
The Instruc	TION GUIDE explains how to complete this form.	1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
Date	RONALD C. GREEN			and a summer of the summer of
6/30/2005	Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City: State; Zip Code 109 N. Post Oak Ln., Ste. 350 Houston, TX 77024		\$7,000.00	Mailer
Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)			Instructions)	
Date	Full name of contributor) Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Coo			
Principal occi	upation / Job title (See Instructions)	Employor (See I	nstructions)	
Date	Full name of contributor			
			_) Amount of contribution (\$)	in-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	e		
Principal occu	pation / Job title (See Instructions)	Employer (See in	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			((((((((((((((((((((
Principal occup	ation / Job title (Soc Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
incipal occupa	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
If contrib	ATTACH ADDITIONAL COPIES utor is out-of-state PAC, please see instru	OF THIS FORM AS	NEEDED	FORUÍTAM - 4-